

CITY OF CHULA VISTA

Public Safety Dispatcher Testing Consortium Registration Form

Registration Deadline: Friday, August 29, 2003

This is an application to take the Public Safety Dispatcher test only. This is not a job application for a Public Safety Dispatcher position. If you pass the test you will be provided with a certificate that will be good for one year. You are to submit this certificate with the agency application when they have a Dispatcher or Communications Operator position open. The participating agencies are the Cities of Carlsbad, Chula Vista, Coronado, El Cajon, National City, Oceanside, San Diego Community College District Police Department, The San Diego Port District, Heartland Fire District (HCFA), San Diego State University Campus Police Communications Unit, Department of Navy Southwest Region and San Diego Sheriff's Department. Please refer to the San Diego Area Dispatcher Testing Consortium brochure to obtain the addresses and phone numbers for these agencies. If your test application is accepted, you will receive a letter stating the time and location for the test. You must bring picture I.D. to the test as well as notification you receive after this form has been approved, in order to gain entrance. **All registration forms for the Public Safety Dispatcher Examination must be mailed or turned into the City Of Chula Vista, Human Resources Department, 276 Fourth Avenue Chula Vista, CA 91910. Phone (619) 691-5096.**

Please Note: The City Of Chula Vista will not be responsible for lost or redirected mail. Please print or type your response below so that it is legible. The next testing date is scheduled for Wednesday, September 24, 2003, at the City of El Cajon, at the El Cajon Community Center. Please mail in this registration form. **(The deadline for registration is Friday August 29, 2003 for the September 24, 2003 examination).** All registration forms must be on file in order to receive a test time notification in the mail.

PLEASE COMPLETE THIS REGISTRATION FORM IN INK AND PLEASE PRINT OR TYPE

Name: _____

Last	First	M. Initial
------	-------	------------

Address: _____

Street	City	State	Zip Code
--------	------	-------	----------

Home Number: _____ Alternate Number: _____

Social Security Number: _____ **Date:** _____

AFFIDAVIT – READ CAREFULLY AND SIGN BELOW

I understand that this is not a job application, but a registration form to take the Public Safety Dispatcher examination. I also understand that any alteration to the Dispatcher certificate or a reproduction of said certificate will result in being disqualified for any position with the participating agencies.

Signature

Date

Human Resources Department
276 Fourth Avenue, Chula Vista, CA 91910
Assigned Staff: Mary Thigpen (619) 585-5663; Revised: 05/20/03
www.ci.chula-vista.ca.us Job Hotline: (619) 691-5095